

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-019863

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 148

FILED MAY 20 1963

VS 300
Rev. 4/59

10425

20425

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9200.1

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12 86-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY **Henry**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Clinton**

Length of stay in 1b
2 mo

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **G Bar H Nursing Home**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MO**

b. COUNTY **Henry**

c. CITY
OR TOWN **Clinton**

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS **318 N Washington St**

(If outside, give location)
Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Henry

Latham

Salsbury

4. DATE
OF DEATH

Month

Day

Year

May

13

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☒

8. DATE OF BIRTH

6-18-1892

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Fairfield MO

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

William H Salsbury

13b. MOTHER'S MAIDEN NAME

Virginia Smith

14. NAME OF HUSBAND OR WIFE

Nona M Salsbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) **Yes**

(If yes, give war or dates of service) **WW# 1**

17. INFORMANT

Address

7 Billy Salsbury

Clinton Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Medullary Paralysis

INTERVAL BETWEEN ONSET AND DEATH

min.

DUE TO (b)

Cerebral Hemorrhage

min.

DUE TO (c)

Metastatic Lymphosarcoma

Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Semility - Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1-15-60** to **5-13-63** and last saw her alive on **5-13-63**
Death occurred at **5:15 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Clinton L. Gless D.O.

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

5-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-14-63

23c. NAME OF CEMETERY OR CREMATORY

Maple Wood

23d. LOCATION (City, town, or county)

Brownington

Mo

24. FUNERAL DIRECTOR

ADDRESS

Sickman & Dunning Clinton MO.

25. DATE RECD. BY LOCAL REG.

MAY 15-1963

26. REGISTRAR'S SIGNATURE

Mildred Brigham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

MAY 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

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0457

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Permit Obtained 5-15-63 (M.B.)